



## Union Education Trust Professional Enhancement Program (PE) Pre-Payment/Reimbursement Application

**DIRECTIONS:** Please complete all information. Application must include your employee identification number, signature and be accompanied by a publication describing the training event and a description of the continuing educational units (CEU) or continuing legal education (CLE) or other credentials other than a Certificate of Completion from a regionally accredited institution, professional society, government agency or by the Independent Third Party Review Panel. If the training event does not award credentials you can request a training review by placing an X in the training review box. The box is located in the training information block. If you have any questions regarding your application or the application process, please call the Union Education Trust 1-866-436-7900.

### APPLICANT INFORMATION:

EMPLOYEE ID NUMBER: _____		
Last Name: _____	First Name: _____	Middle Initial: _____
State Agency: _____		
Work Address: _____	Work Phone No.: _____	Ext. _____
Work Hours: _____	OCSEA/AFSCME Chapter: _____	
Home Phone: _____		

### TRAINING INFORMATION:

Training Provider Name: <u>International Association of Workforce Professionals</u>	
Address: <u>80 N. Portage Path, Apt. 8B3</u>	City: <u>Akron</u> State: <u>OH</u> Zip Code: <u>44303</u>
Telephone No.: <u>(937) 231-3995</u>	Date(s) of Training: <u>April 30 - May 1, 2020</u>
Training Event Title: <u>Ohio Chapter International Association of Workforce Professionals Spring Educational Conference</u>	
Description of Training Event: <u>Semiannual educational training on workforce development topics in Ohio.</u>	
Name of professional society, government agency, or accredited institution awarding credentials: <u>Ashland University</u>	
Type of credentials (CEUs, CLEs, or other): <u>CEUs</u>	
<input type="checkbox"/> <i>Place an X in the box to request a training review. Only request a review if credentials are not awarded for this event.</i>	
<b>Costs:</b>	
A. Cost of Training Event:	\$ _____
B. Other Financial Assistance Received for Training Event	\$ _____
Total amount requested (Subtract B from A): <i>Amount cannot exceed \$1,000.00.</i>	

<input type="checkbox"/> <b>Check here if applying for PREPAYMENT.</b> <b>The following documents must be attached:</b> <input type="checkbox"/> Copy of Training Description <input type="checkbox"/> Documentation of awarded credentials or Request for Training Review <input type="checkbox"/> Completed and signed training event registration form <input type="checkbox"/> Cost of training event  <ol style="list-style-type: none"> <li>1. UET will pre-pay any eligible training events.* Please allow <b>30 days prior to the training event's registration deadline</b> for processing.</li> <li>2. Once approved, UET will submit payment to the vendor and mail an Attendance verification form to the home address indicated on your payroll records. PLEASE BE SURE THAT ALL ADDRESS CHANGES ARE MADE THROUGH YOUR PAYROLL OFFICE.</li> <li>3. The Attendance Verification form must be signed by the training representative. You must return this form to UET within 30 calendar days after the training to remain eligible for additional PE assistance during the next 12 calendar months.</li> </ol>	<input type="checkbox"/> <b>Check here if applying for REIMBURSEMENT</b> <b>The following documents must be attached:</b> <input type="checkbox"/> Proof of payment (paid statement, credit card statement, or both sides of a cancelled check) <input type="checkbox"/> Description of training event <input type="checkbox"/> Documentation of awarded credentials or certificate <input type="checkbox"/> Documentation such as a certificate or Attendance Verification form.  <hr/> <input type="checkbox"/> <b>Check here if applying for REIMBURSEMENT PRE-APPROVAL</b> <b>The following documents must be attached:</b> <input type="checkbox"/> Description of training event <input type="checkbox"/> Documentation of credentials awarded
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**AGREEMENT:** I agree that the information in this application is true and accurate to the best of my knowledge and belief. I authorize the training institution representative to release any information and other data regarding my participation in the short-term training event listed above to the Union Education Trust (UET) office. I understand that UET will keep all information regarding my participation confidential to the maximum extent of the law. I understand that UET will pay for only the approved short-term training event one time each fiscal year.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**MAIL, EMAIL, OR FAX YOUR APPLICATION TO:**  
 Union Education Trust  
 P.O. Box 3270  
 Westerville, OH 43086 Fax: 1-866-436-7983  
 Email: [support@uedtrust.org](mailto:support@uedtrust.org)